PTO/SB/06 (07-06) Approved for use through 1/31/2007, OMB 0651-0032

Approve for use integring a recognition of the page with the page work. Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/563,302			ing Date 04/2006	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
FOR NUMBER FILED				LED	NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A			N/A			N/A		
	CFR 1.16(i)		minus 20 =		•			x \$ =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))		minus 3 =					x \$ =		]	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	er, the ap for small sheets or	nd drawings exceed 100 application size fee due lell entity) for each or fraction thereof. See 6) and 37 CFR 1.16(s).										
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								TOTAL		1			
* If the difference in column 1 is less than zero, enter "0" in column 2.									L	J	TOTAL		
APPLICATION AS AMENDED – PART II         OTHER THAN           (Column 1)         (Column 2)         (Column 3)         SMALL ENTITY         OR         SMALL ENTITY													
AMENDMENT	11/08/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	· 13	Minus	22		= 0		x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 6	Minus	···14		= 0		x \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))												
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))		Minus	**				x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))		Minus	***				x \$ =		OR	x \$ =		
	Application Size Fee (37 CFR 1.16(s))									]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))									OR			
							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For "N THIS SPACE is less than 2, enter "20".  **If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3".  **If the "Highest Number Previously Paid For "(Total or Independent is the highest number found in the appropriate box in column 1.												

The considerance of information is required by 37 CER. 1.16. The information is required to obtain or retain a based by the public which his lost life light by the USFTO to moceously an application. Confidentiality is ownered by 80 Sec. 72 and 37 CER. 1.16. This colded no estimated to take 92 annuals to complete a position form to the USFTO. I mine will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for motioning this burdon, about the sent to the CEM information Officer. US. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2213-1450.